RATIONALE

Head lice (pediculosis) are tiny insects that live on the human scalp, where they obtain nourishment and breed. While they do not carry nor transmit disease, they can be embarrassing. They are a common cause of head itch and scratching, which may lead to infection and swollen lymph glands. Anyone can be infested with head lice. Head lice cannot fly, hop or jump, but are spread from person to person by head-to-head contact, and by sharing personal items such as combs, brushes, hats and other head wear. Therefore, they need to be controlled.

AIMS

• To quickly and effectively respond to reports of head lice at the school.
• To ensure that effective processes for treating head lice are known and consistently followed.
• To provide current information to parents about head lice and the treatment to control infestations.

PROCEDURES

• Parents have a responsibility to check and control head lice in their children.
• Parents are requested to contact the Principal or the class teacher if their child/children are found to have head lice.
• Teachers need not check children for head lice, but should they notice head lice on a child’s head, the child will be discreetly removed and the Principal informed: The Principal (or his/her nominee) will check the child’s hair for head lice.
• The Principal (or his/her nominee) will contact the parents of the child and arrange for the child to be collected from school and appropriately treated for head lice.
• Children will not be permitted to attend school until the lice and eggs are removed through a recognised head lice treatment; the principal or his/her delegate will check the child’s hair prior to being permitted to attend school.
• Students may return to school and resume class once all head lice and eggs are removed.
Currently, the advice on head lice treatment requires treatment application of a recognised head lice eradication application, which involves the following steps:

1. Checking a child’s hair for live lice and either yellowish eggs (live nits) or brown or black eggs (dead nits). Hatched eggs are white and flat, like grains of salt or dandruff. Eggs are usually quite difficult to remove, however, **it is important and expected that the eggs will be combed out and removed with fingertips if necessary prior to the child being permitted back at school.**

2. Treat the child’s hair with a recognised, effective head lice treatment, usually sourced from a pharmacy.

3. Re-treatment is usually recommended within 7 days of the original treatment.

4. Remove the eggs and lice by using a fine-toothed comb and egg remover or combing solution: **It is important and expected that the eggs will be combed out and removed with fingertips if necessary prior to the child being permitted back at school.**

5. Use lice soaking solution to clean all pillows, linen etc to avoid re-infestation.

Applying a hair conditioner to dry hair from root to tip and immediately combing the hair with a fine tooth comb is usually very effective in removing live lice and eggs.

- The Principal or delegate will provide parents of infected children, and parents of children in the same grade level as infected children, with the latest information about head lice treatment and prevention.

- The Principal or delegate will endeavour to check all class members for head lice if a case of head lice is identified in a class.

- The Principal or delegate will periodically place information in the school newsletter regarding effective head lice prevention, detection and treatment, especially at times of outbreaks of infestation in the school.

- The Principal or delegate will alert the school community of head lice infestations in the school and encourage parents to check and treat their children.

- The local Family and Child Health Nurse may be contacted by the Principal and parents for advice, particularly if infestation is persistent.

This policy and associated practices will be reviewed as part of the St Joseph’s Catholic School policy review cycle.

*Implemented September 2005*
*Updated August 2008; November 2009; October 2010; June 2012*